

# **Prelicensing/Continuing Education Program** **Course Approval Application**

LIC 446-3 (Rev. 10/2007)

## **Producer Licensing Bureau - Education Section**

320 CAPITOL MALL  
 SACRAMENTO, CA 95814-4309  
 Information (916) 492-3064  
[www.insurance.ca.gov](http://www.insurance.ca.gov)

<b>Instructions:</b> <ul style="list-style-type: none"> <li>This form must be completed for each course to be approved.</li> <li>A completed application with the proper attachments and filing fee must be received in the Department at least <b>30 days</b> prior to the first course presentation.</li> <li>Courses must be at least one hour, no fractional hours are granted.</li> <li>Ethics and Annuity course applications must include responses to the guideline questions located below.</li> </ul>		<b>Department Use Only:</b>  Course #: _____  Approval period: _____  Credit Hours: _____ Category code: _____	
First course presentation date: _____		Provider Number: _____	
Provider Name: _____		Phone Number: _____	
Address: _____		_____	
Street _____		City _____ State _____ Zip _____	
Course Title:*		_____	
_____		_____	
Check one course type: <input type="checkbox"/> Prelicensing <input type="checkbox"/> Continuing Education			
Prelicensing course hours:  <input type="checkbox"/> 12-hour <input type="checkbox"/> 20-hour <input type="checkbox"/> 32-hour <input type="checkbox"/> 40-hour <input type="checkbox"/> 52-hour		If continuing education, is this course intended to meet any statutory requirements? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, indicate requirement below)  <input type="checkbox"/> California Long-Term Care <input type="checkbox"/> 24-Hour Care Coverage <input type="checkbox"/> California Partnership for Long-Term Care <input type="checkbox"/> Annuity <input type="checkbox"/> 8-Hour <input type="checkbox"/> 4-Hour <input type="checkbox"/> Ethics <input type="checkbox"/> 4-Hour <input type="checkbox"/> 2-Hour	
<b>Instruction Method:</b> Contact: <input type="checkbox"/> Seminar <input type="checkbox"/> Workshop <input type="checkbox"/> Conference <input type="checkbox"/> Classroom/Lecture <input type="checkbox"/> Teleconference (monitored) Non-Contact: <input type="checkbox"/> Audio Cassette <input type="checkbox"/> Video Tape <input type="checkbox"/> Correspondence/Text Book <input type="checkbox"/> Computer Diskette <input type="checkbox"/> Internet <input type="checkbox"/> Other: _____			
License Type(s): (check one or more) <input type="checkbox"/> Fire and Casualty <input type="checkbox"/> Personal Lines <input type="checkbox"/> Life <input type="checkbox"/> Bail			
Number of continuing education course credit hours requested (Note: partial hours will not be accepted): _____			
Number of times to be given during approval period? _____		Include on Department's list of courses open to public? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this course part of a designation program? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, which program? _____	
For Department use only: ____ Course approved    ____ Course <b>not</b> approved. _____ _____ _____			
By: _____ Education Section Staff Signature		_____ Date	

\*Advertising and course materials must use this exact title. Courses based on another provider's material must be approved by that provider and must use same name.

## REQUIRED ATTACHMENT CHECKLIST:

### A. For Contact (Interactive) Courses:

1. \_\_\_ A detailed statement on how the course is relevant to insurance topics and insurance products.
2. \_\_\_ A detailed outline of approximately one page per hour of instruction including the time each topic is being presented.
3. \_\_\_ A copy of all materials presented to each student if a detailed outline is not submitted with application.
4. \_\_\_ An agenda showing the beginning and ending times, breaks, and time allotted for exams, if applicable.
5. \_\_\_ A completed Class Presentation Schedule form for each presentation.
6. \_\_\_ A current authorization letter from the author or publisher if using another vendor's source material as the basis for the course.
7. \_\_\_ California preclicensing curriculum and educational objectives with every line page-referenced to the source book(s) used. **(For Preclicensing Courses Only)**

### B. For Non-Contact (Non-Interactive) Courses:

1. \_\_\_ A detailed statement on how the course is relevant to insurance topics and insurance products.
2. \_\_\_ Audio cassette, video tape, computer diskette, text book for the course or copy of the text cover, copyright page and table of contents if using another vendor's pre-approved material/book.
3. \_\_\_ Internet courses must include your Internet address, security measures, log-on and password for our review of course(s). Answers to exam questions must reference section and screen for answer source.
4. \_\_\_ A final examination with the questions scrambled (not in chapter order).
5. \_\_\_ Answers to all exam questions with page and paragraph referencing to the source book(s) used.
6. \_\_\_ A current authorization letter from the author or publisher if using another vendor's source material.
7. \_\_\_ Copy of instruction sheet sent to students.

### C. Ethics Training Course Questions:

1. Describe how this course contributes to an agent's understanding of his/her ethical responsibilities.
2. Point out where in the course examples of "good" licensee conduct are given, as well as examples of "bad" licensee conduct.
3. Explain how this course contributes to an agent's understanding of the complexities of ethical decision-making within the context of insurance transactions.
4. Describe where in the coursework an agent may find tools that are provided to help the agent identify, prevent, and resolve ethical dilemmas that arise in the course of conducting insurance business.
5. How will the content of this course contribute to the producers understanding of proper vs. improper, honest vs. dishonest behavior?
6. Please provide two samples of licensee conduct you will use in this course to contrast ethical with unethical behavior and details supporting the judgment of ethical or unethical behavior.
7. Identify how this course demonstrates to whom the licensee "owes" an ethical responsibility in this course and how this course will help the licensee understand his or her ethical responsibilities to such an entity.
8. How will this course help the licensee distinguish between legal and ethical behavior and legal but unethical behavior?

### D. Four-Hour Annuity Training Course Questions:

1. Illustrate with examples how this course provides an enriched and more thorough education than the training in Section IV or Section IX from the "California Department of Insurance 2004 Annuity Training Outline, Topics To Be Included in 8-Hour Annuity Training Course".
2. Point out where in the course the examples of how annuity contract provisions impact the senior consumer (Section IV, "How fixed, variable, and index annuity contract provisions affect consumers", from the California Department of Insurance 2004 Annuity Training Outline, Topics To Be Included in 8-Hour Annuity Training Course) OR where in the course there are examples of proper and improper annuity sales practices discussed (Section IX, "Introduce sales practices for California insurance agents" from the California Department of Insurance 2004 Annuity Training Outline, Topics To Be Included in 8-Hour Annuity Training Course).
3. Explain how this course contributes to an agent's understanding of the laws governing the design of annuities and the sale of annuity products to seniors in California.
4. Describe where in the course there are tools provided to assist an agent to identify when an annuity product and/or an annuity sales practice are out of compliance with the law.

**CERTIFICATION:** I certify under penalty of perjury that I have read and understand the information and requirements contained in this application, that all statements are true and nothing has been withheld which would influence a complete evaluation of this course.

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Original Signature of **Provider Director**

Date

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Printed Name of Provider Director

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PLEASE SEND THIS COMPLETED APPLICATION ALONG WITH THE PROPER ATTACHMENTS AND FILING FEE TO:

California Department of Insurance  
Producer Licensing Bureau-Education Section  
P.O. Box 957  
Sacramento, CA 95812-0957

Filing fees:  
\$32 per Continuing Education Course  
\$64 per Preclicensing Education Course  
Make check payable to: California Department of Insurance

Course applications must be received in this office at least 30 days prior to the first course presentation date. No education credit will be granted prior to the 30th day from receipt of the completed application. Course advertisements for pending courses must clearly state that the course has been submitted and is pending approval, if the course application is complete and submitted within the appropriate time frame. EDUCATION SECTION INQUIRIES: (916) 492-3064.